

ID# 

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DES DAUGHTERS  
REPRODUCTIVE HEALTH STUDY

Hello, I would like to speak with

\_\_\_\_\_.

This is \_\_\_\_\_ with the  
DES Reproductive Health Study.

You were recently sent a letter to let you know that someone from our staff would be calling. In the first part of the study, we would like to ask some questions about your health in general and more specifically about your reproductive health.

We would now like to do this interview by telephone. Is this a good time? The interview takes about half an hour.

LETTER NOT RECEIVED:

First, let me confirm that I have reached the correct person. Is this \_\_\_\_\_?  
Was your mother associated with the DES Project in Chicago?

IF YES: Can I tell you about the study now?

SEE FACT SHEET

ID#  (1-6)

## THE DES DAUGHTERS REPRODUCTIVE HEALTH STUDY

Rec  Sub  BI  Form  V  (7-19)

Interview Date     
MONTH DAY YEAR Interviewer   
ID# (20-27)

Time Interview began  AM   
PM Length of Interview   
MINUTES (28-29)

First, I would like to ask you some general questions.

## SECTION A: DEMOGRAPHIC INFORMATION

A1. What is your date of birth?     
MONTH DAY YEAR (30-35)

A2. How tall are you?    
FEET INCHES (36-38)

A3. How much do you weigh?   
POUNDS (39-41)

A4. Have you lost 10 pounds or more at any time during the last 3 months? YES ..... 1  
NO ..... 2  
DK ..... 8 (42)





A5. What is your race? Are you White, Black, Asian, Pacific Islander, American Indian or Alaskan Native? WHITE ..... 1  
BLACK ..... 2  
ASIAN ..... 3  
PACIFIC ISLANDER ..... 4  
AMERICAN INDIAN/ALASKAN NATIVE ..... 5  
REFUSED ..... 7 (43)

A6. Are you of Hispanic origin? (SPANISH ORIGIN) YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DK ..... 8 (44)

A7.	Are you currently married or living as married?	YES ..... (A10) ..... 1	
		NO ..... 2	(45)
A8.	Have you ever been married?	YES ..... 1	
		NO ..... (A10) ..... 2	(46)
A9.	Are you now widowed, separated or divorced?	WIDOWED ..... 1	
		SEPARATED ..... 2	(47)
		DIVORCED ..... 3	
A10.	Are you now employed outside the home?	YES ..... 1	
		NO ..... (B1) ..... 2	(48)
A11.	Do you work a changing or rotating shift at your job?	YES ..... 1	
		NO ..... 2	(49)

## SECTION B: SMOKING HISTORY

Thank you. The next questions are about your exposure to cigarette smoke.

- B1. Have you ever smoked cigarettes on a regular basis? That is, have you ever smoked an average of at least one cigarette a day for six months or more? YES ..... 1  
NO ..... (B8) ..... 2 (50)
- B2. At what age did you first start smoking cigarettes?  (51-52)  
AGE
- B3. Do you currently smoke an average of at least one cigarette a day? YES ..... (B5) ..... 1  
NO ..... 2 (53)
- B4. How old were you when you stopped smoking (at least one cigarette a day)?  (54-55)  
YEARS OLD
- B5. How many cigarettes (do/did) you usually smoke each day?  (56-58)  
# CIGARETTES
- B6. Was there ever a time when you quit smoking cigarettes for a year or more? YES ..... 1  
NO ..... (B8) ..... 2 (59)
- B7. For how many years did you quit altogether?  (60-61)  
YEARS  
LESS THAN 1 YEAR = 00  
DON'T KNOW = 98
- B8. Was your mother ever a smoker? YES ..... 1  
NO ..... (B10) ..... 2 (62)  
DK ..... (B10) ..... 8
- B9. Did your mother smoke cigarettes when she was pregnant with you? NO ..... 1  
PROBABLY NOT ..... 2 (63)  
YES ..... 3  
PROBABLY YES ..... 4  
DON'T KNOW ..... 8
- B10. During your childhood, did you ever live with someone who smoked cigarettes at home? YES ..... 1  
NO ..... 2 (64)
- B11. Do you currently live with someone who smokes cigarettes at home? YES ..... 1  
NO ..... 2 (65)
- B12. Do you now share a workspace anywhere outside your home with someone who smokes cigarettes at work? YES ..... 1  
NO ..... 2 (66)

Thank you. In this next section, I will be asking some questions about your medical history. Some of these diseases may be unfamiliar to you. If a disease is totally unfamiliar, you can probably assume that you have never had it.

### SECTION C: MEDICAL HISTORY

C1. Have you ever been diagnosed by a doctor or other medical personnel as having (CONDITION)?

IF YES (C2)

a. rheumatoid arthritis

YES ..... 1  
NO ..... 2  
DK ..... 8

b. Grave's disease

YES ..... 1  
NO ..... 2  
DK ..... 8

c. Hashimoto's disease  
or hyperthyroidism

YES ..... 1  
NO ..... 2  
DK ..... 8

d. pernicious anemia

YES ..... 1  
NO ..... 2  
DK ..... 8

e. mononucleosis or mono

YES ..... 1  
NO ..... 2  
DK ..... 8

f. chronic fatigue syndrome

YES ..... 1  
NO ..... 2  
DK ..... 8

g. asthma

YES ..... 1  
NO ..... 2  
DK ..... 8

h. eczema

YES ..... 1  
NO ..... 2  
DK ..... 8

i. shingles

YES ..... 1  
NO ..... 2  
DK ..... 8

C2. In what year were you first diagnosed as having (CONDITION)?

19   (67-69)

19   (70-72)

19   (73-75)

19   (76-78)

19   (79-81)

19   (82-84)

19   (85-87)

19   (88-90)

19   (91-93)

C3. Have you ever had hives? YES ..... 1  
 NO ..... (C7) ..... 2 (94)  
 DK ..... (C7) ..... 8

C4. Were you a child or an adult when you first had hives? CHILD ..... 1  
 ADULT ..... 2 (95)  
 (ADULT =18+)

C5. In the past 12 months, have you had hives? YES ..... 1  
 NO ..... (C7) ..... 2 (96)  
 DK ..... (C7) ..... 8

C6. How many times in the past 12 months have you had hives? 

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 (97-98)  
 EPISODES

C7. In the past 12 months, have you had hay fever? YES ..... 1  
 NO ..... (C9) ..... 2 (99)  
 DK ..... (C9) ..... 8

C8. Approximately how many weeks of the year do you have symptoms of hay fever? 

--	--

 (100-101)  
 WEEKS

C9. In the past 12 months, have you had (CONDITION)?

a. a cold YES ..... 1  
 NO ..... 2 (102)  
 DK ..... 8

b. flu of any type when you had symptoms like fever, body ache, or intestinal upsets YES ..... 1  
 NO ..... 2 (103)  
 DK ..... 8



- C10. Are there any foods that cause you to have allergic reactions like skin redness, skin rashes, swelling, difficulty breathing, watery eyes, or sneezing?

YES ..... 1  
 NO ..... (C13) ..... 2 (104)  
 DK ..... (C13) ..... 8

- C11. Do (FOOD) cause you to have an allergic reaction like skin redness, skin rash, swelling, difficulty breathing, watery eyes, or sneezing?

	YES	NO	DK	
a. eggs	1	2	8	
b. any milk products	1	2	8	
c. fish or shellfish	1	2	8	
d. any meats including poultry	1	2	8	
e. any grains like wheat or rice	1	2	8	
f. any food additives like sulfites	1	2	8	
g. any legumes such as soy products, beans, or lentils	1	2	8	(105-111)
				C12. How many (other vegetables/fruits)?
h. any other vegetables IF YES (C12)	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> (112-114)
i. any fruits IF YES (C12)	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> (115-117)
j. other foods _____	1	2	8	(118)

- C13. Are there any drugs that cause you to have allergic reactions like skin redness, skin rashes, swelling, difficulty breathing, watery eyes, or sneezing?

YES ..... 1  
 NO ..... (C15) ..... 2 (119)  
 DK ..... (C15) ..... 8

- C14. What drugs are you allergic to?

_____	<input type="text"/> <input type="text"/> <input type="text"/>	(120-122)
_____	<input type="text"/> <input type="text"/> <input type="text"/>	(123-125)
_____	<input type="text"/> <input type="text"/> <input type="text"/>	(126-128)



## START LABELS

OFFICE USE ONLY

1

The next questions are about gynecologic conditions.

C15. Has a doctor, or other medical personnel ever diagnosed you as having (CONDITION)?

IF YES (C16)

a. endometriosis YES . . . . 1  
NO . . . . 2

b. an abnormal PAP smear YES . . . . 1  
NO . . . . 2

c. cervical dysplasia, CIN, or  
CIS (*cervical intraepithelial  
neoplasia, carcinoma in situ*) YES . . . . 1  
NO . . . . 2

d. a benign tumor of the reproductive organs YES . . . . 1  
NO . . . . 2

e. cancer of the reproductive organs YES . . . . 1  
NO . . . . 2

What kind?

f. any other cancer YES . . . . 1  
NO . . . . 2

What kind?

g. pelvic inflammatory disease or PID YES . . . . 1  
NO . . . . 2

h. syphilis or gonorrhea YES . . . . 1  
NO . . . . 2

i. any other venereal disease YES . . . . 1  
NO . . . . 2

SPECIFY:

C16. In what year were you most recently diagnosed with (CONDITION)? (DK=98)

Record 02

19

(16-18)

19

(19-21)

19

(22-24)

19

(25-27)

19

(28)

19

(29-32)

19

(33-36)

19

(37)

19

(38-41)

19

(42-45)

19

(46-48)

19

(49-51)

19

(52)

19

(53-56)

LABEL PAGE 2 \_\_\_\_\_

The next question asks about conditions that may be unfamiliar to you if you have not had them.

C17. Has a doctor, or other medical personnel **ever** diagnosed you as having (CONDITION)?

IF YES (C18)

a. vaginal adenositis

YES . . . . 1  
NO . . . . 2

b. cervical ectropion

YES . . . . 1  
NO . . . . 2

c. premature ovarian failure

YES . . . . 1  
NO . . . . 2

d. a structural abnormality...

of your uterus

YES . . . . 1  
NO . . . . 2

of your vagina

YES . . . . 1  
NO . . . . 2

of your tubes

YES . . . . 1  
NO . . . . 2

of your cervix

YES . . . . 1  
NO . . . . 2

C18. In what year were you **first diagnosed** as having (CONDITION)? (NK=98)

19  

(57-59)

19  

(60-62)

19  

(63-65)

19  

(66-68)

19  

(69-71)

19  

(72-74)

19  

(75-77)

LABEL PAGE 3 \_\_\_\_\_

C20.  
In what year  
did you have  
(PROCEDURE)?  
MOST RECENT IF  
MORE THAN ONE

C21.  
What was the  
postoperative diagnosis?

C19. Have you ever had (PROCEDURE)?

IF YES (C20,21)

a. a hysterectomy	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	_____ (78-80)
b. a laparoscopy ( <i>incision in abdomen to look at reproductive organs</i> )	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	_____ (81-83)
c. exploratory pelvic surgery	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	_____ (84-86)
d. a D&C not for abortion ( <i>dilatation and curettage</i> )	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	_____ (87-89)
e. an ovarian cyst removed	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	_____ (90-92)
f. laser therapy of the cervix, cryosurgery or cautery of the cervix	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	_____ (93-95)
g. cervical cerclage ( <i>cervical stitches during pregnancy</i> )	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	_____ (96-98)
h. other gynecologic surgery	YES ..... 1 NO ..... 2		_____ (99)
SPECIFY: _____ <input type="text"/> <input type="text"/>		19 <input type="text"/> <input type="text"/>	_____ (100-103)
_____ <input type="text"/> <input type="text"/>		19 <input type="text"/> <input type="text"/>	_____ (104-107)
i. a breast biopsy ( <i>sample of breast tissue taken</i> )	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	_____ (108-110)
j. a mastectomy ( <i>surgery to remove breast</i> )	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	_____ (111-113)
k. other breast surgery	YES ..... 1 NO ..... 2		_____ (114)
SPECIFY: _____ <input type="text"/> <input type="text"/>		19 <input type="text"/> <input type="text"/>	_____ (115-118)
_____ <input type="text"/> <input type="text"/>		19 <input type="text"/> <input type="text"/>	_____ (119-122)

LABEL PAGE 4 \_\_\_\_\_

Thank you. Now I would like to ask you some questions about your reproductive history.

## SECTION D: REPRODUCTIVE HISTORY

Record 03

- D1. Have you ever tried to become pregnant for 12 months or more without succeeding?
- |     |         |  |      |
|-----|---------|--|------|
| YES | ..... 1 |  |      |
| NO  | ..... 2 |  | (16) |
| DK  | ..... 8 |  |      |
- D2. Have you ever seen a physician or other medical personnel because you were having trouble getting pregnant?
- |     |                      |  |      |
|-----|----------------------|--|------|
| YES | ..... 1              |  |      |
| NO  | ..... (D8) 6 ..... 2 |  | (17) |
- D3. Did you have (PROCEDURE)?
- IF YES (D4)
- D4. In what year did you most recently have (PROCEDURE)? DK=98
- |  |             |    |                      |         |
|--|-------------|----|----------------------|---------|
| a. to chart your basal body temperature?   | YES ..... 1 | 19 | <input type="text"/> | (18-20) |
|  | NO ..... 2  |    |                      |         |
| b. a test of your hormone levels?  | YES ..... 1 | 19 | <input type="text"/> | (21-23) |
|  | NO ..... 2  |    |                      |         |
| c. a post-coital test of your cervical mucus?  | YES ..... 1 | 19 | <input type="text"/> | (24-26) |
|  | NO ..... 2  |    |                      |         |
| d. a hysterosalpingogram (x-ray in which dye is put into tubes to look for blockage) | YES ..... 1 | 19 | <input type="text"/> | (27-29) |
|  | NO ..... 2  |    |                      |         |
| e. an endometrial biopsy? (sample of lining of the uterus)                           | YES ..... 1 | 19 | <input type="text"/> | (30-32) |
|  | NO ..... 2  |    |                      |         |
| f. a laparoscopy? (incision in the abdomen to look at reproductive organs)           | YES ..... 1 | 19 | <input type="text"/> | (33-35) |
|  | NO ..... 2  |    |                      |         |
| g. your partner's semen analyzed?  | YES ..... 1 | 19 | <input type="text"/> | (36-38) |
|  | NO ..... 2  |    |                      |         |

LABEL PAGE 5 \_\_\_\_\_

D5. Has a physician or other medical personnel ever told you or your partner that you have (DIAGNOSIS)?

- |  |                          |                          |         |
|--|--------------------------|--------------------------|---------|
| a. an ovulatory problem                                | YES . . . . .            | 1                        |         |
|  | NO . . . . .             | 2                        | (39)    |
|  | DK . . . . .             | 8                        |         |
| b. a tubal problem                                     | YES . . . . .            | 1                        |         |
|  | NO . . . . . (D5c)       | 2                        | (40)    |
|  | DK . . . . . (D5c)       | 8                        |         |
| 1. Was the tubal problem in one tube or both tubes?    | ONE TUBE . . . . .       | 1                        |         |
|  | BOTH TUBES . . . . .     | 2                        | (41)    |
| c. a uterine problem                                   | YES . . . . .            | 1                        |         |
|  | NO . . . . .             | 2                        | (42)    |
|  | DK . . . . .             | 8                        |         |
| d. a cervical mucus problem                            | YES . . . . .            | 1                        |         |
|  | NO . . . . .             | 2                        | (43)    |
|  | DK . . . . .             | 8                        |         |
| e. a hormonal problem                                  | YES . . . . .            | 1                        |         |
|  | NO . . . . .             | 2                        |         |
|  | DK . . . . .             | 8                        | (44)    |
| f. semen abnormalities                                 | YES . . . . .            | 1                        |         |
|  | NO . . . . .             | 2                        |         |
|  | DK . . . . .             | 8                        | (45)    |
| g. sperm antibodies                                    | YES . . . . .            | 1                        |         |
|  | NO . . . . . (D5h)       | 2                        |         |
|  | DK . . . . . (D5h)       | 8                        | (46)    |
| 1. Are the antibodies to your partner's sperm?         | YES . . . . .            | 1                        |         |
|  | NO . . . . .             | 2                        | (47)    |
|  | DK . . . . .             | 8                        |         |
| 2. Does your partner have antibodies to his own sperm? | YES . . . . .            | 1                        |         |
|  | NO . . . . .             | 2                        | (48)    |
|  | DK . . . . .             | 8                        |         |
| h. any other identified fertility problem              | YES . . . . .            | 1                        |         |
|  | NO . . . . .             | 2                        |         |
|  | DK . . . . .             | 8                        | (49)    |
| What problem?  |                          |                          |         |
| _____  | <input type="checkbox"/> | <input type="checkbox"/> | (50-51) |
| _____  | <input type="checkbox"/> | <input type="checkbox"/> | (52-53) |
| i. an unexplained fertility problem                    | YES . . . . .            | 1                        |         |
|  | NO . . . . .             | 2                        | (54)    |
|  | DK . . . . .             | 8                        |         |



D6. Have you ever been pregnant? Include stillbirths, miscarriages, abortions, molar or tubal pregnancies, as well as live births or a current pregnancy.

YES ☐ 1  
NO ☐ (D19) 2

D7. How many times have you been pregnant, including live births, stillbirths, miscarriages, or other terminations.

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PREGNANCIES

Now I'd like to ask you some questions about each of your pregnancies, starting with your first pregnancy.

D8.  
In what month and year  
did your (#) pregnancy  
end?

D9.  
How did your (#) pregnancy end?

D10.  
Was it a boy or girl?

PREGNANCY

#

1

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MONTH YEAR

1 CURRENTLY PREGNANT  
(D19)

1 LIVE BIRTH  
2 STILLBIRTH (D15)  
3 MISCARR./BLIGHTED OVUM (D15)  
4 INDUCED/ELECTIVE ABORTION (D15)  
5 TUBAL/ECTOPIC PREGNANCY (D15)  
6 MOLAR PREGNANCY (D15)

1 BOY  
2 GIRL  
3 TWINS (D12)

01

PREGNANCY

#

2

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MONTH YEAR

1 CURRENTLY PREGNANT  
(D16)

1 LIVE BIRTH  
2 STILLBIRTH (D15)  
3 MISCARR./BLIGHTED OVUM (D15)  
4 INDUCED/ELECTIVE ABORTION (D15)  
5 TUBAL/ECTOPIC PREGNANCY (D15)  
6 MOLAR PREGNANCY (D15)

1 BOY  
2 GIRL  
3 TWINS (D12)

02

PREGNANCY

#

3

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MONTH YEAR

1 CURRENTLY PREGNANT  
(D16)

1 LIVE BIRTH  
2 STILLBIRTH (D15)  
3 MISCARR./BLIGHTED OVUM (D15)  
4 INDUCED/ELECTIVE ABORTION (D15)  
5 TUBAL/ECTOPIC PREGNANCY (D15)  
6 MOLAR PREGNANCY (D15)

1 BOY  
2 GIRL  
3 TWINS (D12)

03

PREGNANCY

#

4

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MONTH YEAR

1 CURRENTLY PREGNANT  
(D16)

1 LIVE BIRTH  
2 STILLBIRTH (D15)  
3 MISCARR./BLIGHTED OVUM (D15)  
4 INDUCED/ELECTIVE ABORTION (D15)  
5 TUBAL/ECTOPIC PREGNANCY (D15)  
6 MOLAR PREGNANCY (D15)

1 BOY  
2 GIRL  
3 TWINS (D12)

04

PREGNANCY

#

5

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MONTH YEAR

1 CURRENTLY PREGNANT  
(D16)

1 LIVE BIRTH  
2 STILLBIRTH (D15)  
3 MISCARR./BLIGHTED OVUM (D15)  
4 INDUCED/ELECTIVE ABORTION (D15)  
5 TUBAL/ECTOPIC PREGNANCY (D15)  
6 MOLAR PREGNANCY (D15)

1 BOY  
2 GIRL  
3 TWINS (D12)

05



D11.  
How much did  
(s/he) weigh at  
birth?

LBS OZS

D12.  
Was this baby born  
early, late, or on  
time?

1 EARLY  
2 LATE  
3 ON TIME (D14)

D13.  
How many  
weeks  
(early/late)?

WEEKS

D14.  
Did you  
breastfeed this  
baby for 3  
months or  
more?

YES ... 1  
NO .... 2

(NEXT  
PREGNANCY  
OR D16)

D15.  
How many weeks did this  
pregnancy last  
counting from your last  
normal menstrual period?

Record 04

WEEKS  
DK=98

(NEXT PREGNANCY  
OR D19)

(16-31)

LBS OZS

1 EARLY  
2 LATE  
3 ON TIME (D14)

WEEKS

YES ... 1  
NO .... 2

(NEXT  
PREGNANCY  
OR D16)

WEEKS  
DK=98

(NEXT PREGNANCY  
OR D16)

(16-31)

LBS OZS

1 EARLY  
2 LATE  
3 ON TIME (D14)

WEEKS

YES ... 1  
NO .... 2

(NEXT  
PREGNANCY  
OR D16)

WEEKS  
DK=98

(NEXT PREGNANCY  
OR D16)

(16-31)

LBS OZS

1 EARLY  
2 LATE  
3 ON TIME (D14)

WEEKS

YES ... 1  
NO .... 2

(NEXT  
PREGNANCY  
OR D16)

WEEKS  
DK=98

(NEXT PREGNANCY  
OR D16)

(16-31)

LBS OZS

1 EARLY  
2 LATE  
3 ON TIME (D14)

WEEKS

YES ... 1  
NO .... 2

(NEXT  
PREGNANCY  
OR D16)

WEEKS  
DK=98

(NEXT PREGNANCY  
OR D16)

(16-31)

**INTERVIEWER:** *Has your R had any live births?*

**IF NO LIVE BIRTHS, SKIP TO D19.**

D16. Do you have a daughter aged ten or older?

YES ..... 1

NO ..... (D19) ..... 2

(17)

D17. Has your (oldest) daughter started her periods yet?

YES ..... 1

NO ..... (D19) ..... 2

(18)

D18. How old was your (oldest) daughter when her periods started?

AGE

(19-20)

The next questions are about contraception and sexual activity.

D19. Have you ever taken birth control pills for any reason? YES ..... 1  
NO ..... (D21) ..... 2

D20. For how many years, altogether, have you taken birth control pills, not counting times you might have stopped?   YEARS  
LESS THAN 1 YR = 96  
RF=97, DK=98

D21. How old were you when you first had sexual intercourse?   AGE (D23)

REFUSED = 97 (D23)  
NEVER HAD SEXUAL INTERCOURSE = 00



Now for the last question in this section.

D22. Have you ever had sexual contacts with other women?

YES ..... (D27) ..... 1  
NO ..... (D27) ..... 2

D23. On average, how often do you have sexual intercourse now?   TIMES PER DAY ..... 1  
WEEK ..... 2  
MONTH ..... 3

NOT SEXUALLY ACTIVE=00 (D26)  
LESS THAN ONE=96, RF=97, DK=98

IF NOT SEXUALLY ACTIVE, SKIP TO D26.

D24. Are you or your partner using any method of contraception, including sterilization? YES ..... 1  
NO ..... (D26) ..... 2

D25. What method of contraception do you or your partner usually use now?

Now for the last question in this section.

D26. Of the following, which describes your sexual contacts during your lifetime? Have your lifetime sexual contacts been only men, mostly men, mostly women, or only women?  
ONLY MEN ..... 1  
MOSTLY MEN ..... 2  
MOSTLY WOMEN ..... 3  
ONLY WOMEN ..... 4  
NO SEXUAL CONTACTS ..... 5  
REFUSED ..... 7

Allow me to ask some questions that you may have already answered, so that I can skip some questions that may not apply to your situation.

D27.	[Are you/Have you]...	YES	NO	DK	
a.	currently pregnant?	1 (F17)	2	8 (F17)	(34)
b.	currently breastfeeding?	1 (F17)	2		(35)
c.	currently taking birth control pills or any other prescribed hormone? ( <i>Hormone Box</i> )	1 (F17)	2	8 (F17)	(36)
d.	had a hysterectomy?	1 (F17)	2		(37)
e.	gone through menopause or the change of life?	1 (F17)	2	8 (F17)	(38)

*Hormone Box*

Hormones include birth control pills, progestins, and estrogens. Some are pills like premarin, estrace, and provera. Also, some forms are skin patches, like estraderm, or suppositories.

## SECTION E: MENSTRUAL HISTORY

The next questions are about your menstrual periods.

E1. How old were you when you had your first menstrual period?

--	--	--

(39-40)

AGE

DK=98

IF NEVER MENSTRUATED.....(F30).....00

E2. Do you still have menstrual periods?

YES ..... (E4) ..... 1

NO ..... 2 (41)

E3. For what reason have your menstrual periods stopped?

--	--	--

(42-44)

IF NO PERIODS,  
SKIP TO F20.

E4. Some women keep a record or calendar of their cycles.  
Do you keep any kind of record of your menstrual period?

YES ..... 1

NO. .... (E6) ..... 2 That's fine. (45)

E5. That record could help you answer these questions.  
May I hold the phone while you get your record?

RECORD USED ..... 1

RECORD NOT USED . 2 That's fine. (46)

E6. On what date did your most recent menstrual period start?

MONTH		DAY		YEAR

(47-52)

E7. How sure are you of when you had your last period?  
Are you very sure, fairly sure, or not so sure?

VERY SURE ..... 1

FAIRLY SURE ..... 2 (53)

NOT SO SURE ..... 3

E8. On the average, how many days of bleeding or menstrual flow do you now have with your period? Count from the time bleeding or spotting starts until it completely stops.

--	--	--

(54-56)

DAYS

E9. Approximately, how often do you have cramps or backache with your menstrual periods? Would you say never, sometimes, often, or always?

NEVER ..... (E11) ..... 1

SOMETIMES ..... 2

OFTEN ..... 3 (57)

ALWAYS ..... 4

DK ..... 8

- E10. When you have menstrual cramps or backache, how would you describe your pain? Would you describe your pain as mild, moderate or severe?

MILD ..... 1  
 MODERATE ..... 2  
 SEVERE ..... 3  
 VARIES ..... 4  
 DK ..... 8

(58)

YOUR DAILY ACTIVITIES ARE NOT  
 USUALLY AFFECTED AND PAIN  
 MEDICATION IS RARELY NEEDED ..... MILD

YOUR DAILY ACTIVITIES MAY  
 BE AFFECTED. PAIN MEDICATION  
 IS OFTEN NEEDED AND  
 USUALLY RELIEVES YOUR PAIN ..... MODERATE

YOUR DAILY ACTIVITIES ARE  
 DEFINITELY AFFECTED. PAIN  
 MEDICATION IS NEEDED BUT OFTEN  
 DOES NOT RELIEVE YOUR PAIN ..... SEVERE

The next three questions are about the length of your cycles.

- E11. How long is your menstrual cycle, on average? In other words, how many days are there from the first day of one menstrual period to the first day of the next period?

--	--	--

DAYS

(59-61)

- E12. What is the LONGEST menstrual cycle you've had in the last 12 months? Again, count from the first day of one period to the first day of the next?

--	--	--

DAYS

(62-64)

- E13. What is the SHORTEST menstrual cycle you've had in the last 12 months?

--	--	--

DAYS

(65-67)

- E14. During the past 12 months, did you ever go for more than 6 weeks without having a menstrual period? Please do NOT count times when you were pregnant, breastfeeding, or using birth control pills.

YES ..... 1  
 NO ..... (E15) ..... 2

(68)

a. Please explain why: \_\_\_\_\_

--	--

(69-70)

--	--

(71-72)



E15. Again, during the last 12 months, have you noticed any changes in the (ITEM)?

IF YES (E16)

a. amount of bleeding with your menstrual periods YES . . . . . 1  
NO . . . . . 2

b. total number of days of bleeding with your menstrual periods YES . . . . . 1  
NO . . . . . 2

c. length of your cycle, that is, the number of days from the 1st day of one menstrual period to the 1st day of the next period YES . . . . . 1  
NO . . . . . 2

d. amount of cramping with your menstrual periods YES . . . . . 1  
NO . . . . . 2

E16. Is the (ITEM)

lighter now . . . . . 1  
heavier now, or . . . . . 2 (73-74)  
does it vary, sometimes lighter, sometimes heavier? . . . . . 3

less now . . . . . 1  
more now, or . . . . . 2 (75-76)  
does it vary, sometimes fewer days, sometimes more? . . . . . 3

shorter now . . . . . 1  
longer now, or . . . . . 2 (77-78)  
does it vary, sometimes shorter, sometimes longer? . . . . . 3

less now . . . . . 1  
more now, or . . . . . 2 (79-80)  
does it vary, sometimes less, sometimes more? . . . . . 3

## Hormone Box

Hormones include birth control pills, progestins, and estrogens. Some are pills like premarin, estrace, and provera. Also, some forms are skin patches, like estraderm, or suppositories.

E17. Has a doctor or other medical personnel ever evaluated you for (CONDITION)?

	IF YES (E18, 19)	E18. In what year did you first seek medical help for (CONDITION)? DK=98	E19. Have you taken prescribed medication for (CONDITION)? IF YES (E20)	E20. Was that prescribed medication a hormone? 1ST "YES", READ HORMONE BOX.	
a. cramps or backache with your menstrual periods	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DK ..... 8	(81-85)
b. irregular cycles	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DK ..... 8	(86-90)
c. PMS (Premenstrual Syndrome)	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DK ..... 8	(91-95)
d. heavy or prolonged menstrual bleeding	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DK ..... 8	(96-100)
e. absence of menstrual periods for at least 6 weeks, not due to pregnancy, breast- feeding or using birth control pills	YES ..... 1 NO ..... 2  PROBE A "YES"	19 <input type="text"/> <input type="text"/>	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DK ..... 8	(101-105)
f. menopause	YES ..... 1 NO ..... 2	19 <input type="text"/> <input type="text"/>	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DK ..... 8	(106-110)
g. other menstrual problems	YES ..... 1 NO ..... 2				(111)
SPECIFY: <input type="text"/>	<input type="text"/>	19 <input type="text"/> <input type="text"/>	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DK ..... 8	(112-117)
<input type="text"/>	<input type="text"/>	19 <input type="text"/> <input type="text"/>	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DK ..... 8	(118-123)

E21. Have you ever had night sweats not due to illness?

YES ..... 1  
NO ..... 2

Record 06  
(16)

E22. Have you ever had hot flashes?

YES ..... 1  
NO ..... 2

(17)

NO SWEATS AND NO FLASHES,  
SKIP TO SECTION F.

E23. At what age did you start to have either hot flashes or night sweats?

AGE  
DK=98

(18-19)

E24. Have you had either hot flashes or night sweats in the last 3 months?

YES ..... 1  
NO ..... 2

(20)

## SECTION F: GENERAL INFORMATION

The most difficult part of the interview is now over. Thank you very much for your hard work. Now I would like to ask some questions about the beverages you drink. Coffee is first.

F1. On average, how many cups of (BEVERAGE) do you drink per day, per week, or per month?

		USUAL NUMBER OF CUPS				
LESS THAN 1 PER MONTH = 00		PER DAY	PER WEEK	PER MONTH	NONE	
a.	instant caffeinated coffee . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(21-28)
b.	instant decaffeinated coffee . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(29-36)
c.	brewed caffeinated coffee . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(37-44)
d.	brewed decaffeinated coffee . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(45-52)

F2. On average, how many cups or glasses of (BEVERAGE) do you drink per day, per week, or per month?

		USUAL NUMBER OF CUPS/GLASSES				
LESS THAN 1 PER MONTH = 00		PER DAY	PER WEEK	PER MONTH	NONE	
a.	Herbal or decaffeinated tea, hot or iced . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(53-60)
b.	Regular tea, hot or iced . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(61-68)

F3. On average, how many servings of (BEVERAGE) do you drink per day, per week, or per month?

		USUAL NUMBER				
LESS THAN 1 PER MONTH = 00		PER DAY	PER WEEK	PER MONTH	NONE	
a.	Caffeinated soft drinks like Coke and Pepsi . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(69-76)
b.	Caffeine-free soft drinks like 7-UP and caffeine-free Coke . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(77-84)

F4. On average, how many (BEVERAGE) do you drink per day, per week, or per month?

USUAL NUMBER

LESS THAN 1 PER MONTH = 00

	PER DAY	PER WEEK	PER MONTH	NONE	
a. 12 oz bottles or cans of beer . . . . .	<div></div>	<div></div>	<div></div>	00	(85-92)
b. 6 oz glasses of wine . . . . .	<div></div>	<div></div>	<div></div>	00	(93-100)
c. shots of liquor . . . . .	<div></div>	<div></div>	<div></div>	00	(101-108)

The next question is about marijuana.

F5. On average, how many times do you use marijuana per day, per week, or per month?

USUAL NUMBER

REFUSED = 97

LESS THAN 1 PER MONTH = 00

	PER DAY	PER WEEK	PER MONTH	NONE	
	<div></div>	<div></div>	<div></div>	00	(109-116)

The next questions are about food.

F6. About how many servings of (FOOD) do you usually eat per day, per week, or per month?

USUAL NUMBER

LESS THAN 1 PER MONTH = 00

	PER DAY	PER WEEK	PER MONTH	NONE	
a. red meat . . . . .	<div></div>	<div></div>	<div></div>	00	(16-23)
b. poultry . . . . .	<div></div>	<div></div>	<div></div>	00	(24-31)
c. fish . . . . .	<div></div>	<div></div>	<div></div>	00	(32-39)
d. low-fat milk, or low-fat dairy products like yogurt and cottage cheese . . . . .	<div></div>	<div></div>	<div></div>	00	(40-47)
e. whole milk, or whole milk dairy products like cheese . . . . .	<div></div>	<div></div>	<div></div>	00	(48-55)

Record 07

The next question is about exercise. By exercise, we mean sports or other leisure time activities that raise your heart rate or make you perspire. Examples are jogging, aerobics, swimming, or biking.

F7. On average, how many hours a week do you participate in vigorous exercise?

HOURS

(56-57)

Now to change the subject. I'd like to ask you about things that you might be exposed to at work or elsewhere.

F8. Are you exposed to any of the following at least once a week?

	YES	NO	DK	
a. x-ray . . . . .	1	2	8	(58)
b. anesthetic gases like nitrous oxide . . . .	1	2	8	(59)
c. heavy metal fumes like lead, mercury, or solder . . . . .	1	2	8	(60)
d. solvents like toluene, xylene, or paint thinner . . . . .	1	2	8	(61)
e. continuous loud noise from machinery . .	1	2	8	(62)
f. extreme hot or cold temperatures . . . . .	1	2	8	(63)

F9. Do you use a video display terminal at least once a week? . . . . .

1 2 8 (64)

F10. During the past month, how often have you felt (ITEM), never, almost never, sometimes, fairly often or very often?

	NEVER	ALMOST NEVER	SOMETIMES	FAIRLY OFTEN	VERY OFTEN	
a. that things were going your way . . . . .	0	1	2	3	4	(65)
b. confident about your ability to handle your personal problems . . . . .	0	1	2	3	4	(66)
c. difficulties were piling up so high that you could not overcome them . . . . .	0	1	2	3	4	(67)
d. that you were unable to control the important things in your life . . . . .	0	1	2	3	4	(68)



Just a few more questions.

- F11. How many children older than you were there in your family when you were growing up?

--	--

# CHILDREN

(69-70)

INCLUDE STEP-CHILDREN, ETC.

NONE=00

- F12. What is the highest grade in school or level in college that your mother completed?

GRADES 1-11	01
HIGH SCHOOL GRADUATE	02
VOCATIONAL/TRADE SCHOOL	03
SOME COLLEGE OR	
TWO-YEAR COLLEGE GRADUATE	04
COMPLETED COLLEGE	05
SOME GRADUATE WORK	06
MASTER'S DEGREE	07
DOCTORAL, LAW DEGREE	08
REFUSED	97
DON'T KNOW	98

(71-72)

- F13. What is the highest grade in school or level in college that your father completed?

GRADES 1-11	01
HIGH SCHOOL GRADUATE	02
VOCATIONAL/TRADE SCHOOL	03
SOME COLLEGE OR	
TWO-YEAR COLLEGE GRADUATE	04
COMPLETED COLLEGE	05
SOME GRADUATE WORK	06
MASTER'S DEGREE	07
DOCTORAL, LAW DEGREE	08
REFUSED	97
DON'T KNOW	98

(73-74)

- F14. What is the highest grade in school or level in college that you completed?

GRADES 1-11	01
HIGH SCHOOL GRADUATE	02
VOCATIONAL OR TRADE SCHOOL	03
SOME COLLEGE, OR	
TWO-YEAR COLLEGE GRADUATE	04
COMPLETED COLLEGE	05
SOME GRADUATE WORK	06
MASTER'S DEGREE	07
DOCTORAL, LAW DEGREE	08
REFUSED	97
DON'T KNOW	98

(75-76)

- F15. Which of the following best describes your current total family income, before taxes: less than 15 thousand per year, between 15 and 30 thousand, between 30 and 45 thousand, or over 45 thousand?

<\$15,000 PER YEAR	1
\$15,000 - \$29,999	2
\$30,000 - \$44,999	3
\$45,000 OR OVER	4
REFUSED	7
DK	8

(77)

F16. Before we leave the questionnaire, do you have any comments or suggestions?

Now I'd like to explain the second part of this study.  
Is this a good time for me to talk about it with you? It would take just a couple more minutes.

IF NO: SET CALLBACK APPOINTMENT, \_\_\_\_\_  
REFUSED ANY FURTHER PARTICIPATION. . . . (BOX R) NOTE ON FACE SHEET. . . . 7

(78)

In the second part of the project we would like to look more closely at menstruation by having women like you tell us more about their menstrual cycles.  
  
We have designed a special diary booklet made up of weekly calendars to cover a six-month period. On these calendars, you would note days of bleeding and other information about your cycles. We tested the booklet in a group of volunteer women who said that it is very quick and easy to do.  
  
We would like to include you in this important part of the study. May I send you a booklet?

YES, MAIL DIARY . . . . . 1  
REFUSED . . . . . (BOX R) . . . . . 7

(79)

Let me confirm your current mailing name and address.  
(CONFIRM ON FACE SHEET.)

The booklet should reach you within a couple of weeks. Do you expect to be away for vacation or travel then?

\_\_\_\_\_ YES . . . 

When do you expect to be back home?  
We will delay mailing until then. . . . . 1

NO . . . . . 2

(80)

That's all the questions that I have. Thank you for very much for your help in this study.

**Box R**  
RECORD RESPONSE VERBATIM.

TIME INTERVIEW ENDED \_\_\_\_\_ AM  
PM

## SECTION F: NON-PARTICIPANTS ONLY

The next questions are about your menstrual periods.

F17. How old were you when you had your first menstrual period?

--	--

AGE

Record 08

(16-17)

DK=98

IF NEVER MENSTRUATED....(F30)....00

F18. On what date did your most recent menstrual period start?

--	--

MONTH

--	--

DAY

--	--

YEAR

(18-23)

F19. How sure are you of when you had your last period?  
Are you very sure, fairly sure, or not so sure?

VERY SURE	.....	1
FAIRLY SURE	.....	2
NOT SO SURE	.....	3

(24)

F20. Please give me your best estimate of your weight  
at the time of your last menstrual period.

--	--	--

POUNDS

(25-27)

## Hormone Box

Hormones include birth control pills, progestins, and estrogens. Some are pills like premarin, estrace, and provera. Also, some forms are skin patches, like estraderm, or suppositories.

F21. Has a doctor or other medical personnel ever evaluated you for (CONDITION)?

	IF YES (F22,23)	F22. In what year did you first seek medical help for (CONDITION)? DK=98	F23. Have you taken prescribed medication for (CONDITION)? IF YES (F24)	F24. Was that prescribed medication a hormone? 1ST "YES", READ HORMONE BOX. IF YES (F25)	F25. Are you now taking that hormone for this problem?	
a. cramps or backache with your menstrual periods	YES . . . . 1 NO . . . . 2	19 <input type="text"/> <input type="text"/>	YES . . . . 1 NO . . . . 2	YES . . . . 1 NO . . . . 2 DK . . . . 8	YES . . . . 1 NO . . . . 2	(28-33)
b. irregular cycles	YES . . . . 1 NO . . . . 2	19 <input type="text"/> <input type="text"/>	YES . . . . 1 NO . . . . 2	YES . . . . 1 NO . . . . 2 DK . . . . 8	YES . . . . 1 NO . . . . 2	(34-39)
c. PMS (Premenstrual Syndrome)	YES . . . . 1 NO . . . . 2	19 <input type="text"/> <input type="text"/>	YES . . . . 1 NO . . . . 2	YES . . . . 1 NO . . . . 2 DK . . . . 8	YES . . . . 1 NO . . . . 2	(40-45)
d. heavy or prolonged menstrual bleeding	YES . . . . 1 NO . . . . 2	19 <input type="text"/> <input type="text"/>	YES . . . . 1 NO . . . . 2	YES . . . . 1 NO . . . . 2 DK . . . . 8	YES . . . . 1 NO . . . . 2	(46-51)
e. absence of menstrual periods for at least 6 weeks, not due to pregnancy, breast- feeding or using birth control pills	YES . . . . 1 NO . . . . 2  PROBE A "YES"	19 <input type="text"/> <input type="text"/>	YES . . . . 1 NO . . . . 2	YES . . . . 1 NO . . . . 2 DK . . . . 8	YES . . . . 1 NO . . . . 2	(52-57)
f. menopause	YES . . . . 1 NO . . . . 2	19 <input type="text"/> <input type="text"/>	YES . . . . 1 NO . . . . 2	YES . . . . 1 NO . . . . 2 DK . . . . 8	YES . . . . 1 NO . . . . 2	(58-63)
g. other menstrual problems	YES . . . . 1 NO . . . . 2					(64)
SPECIFY: <input type="text"/>	<input type="text"/>	19 <input type="text"/> <input type="text"/>	YES . . . . 1 NO . . . . 2	YES . . . . 1 NO . . . . 2 DK . . . . 8	YES . . . . 1 NO . . . . 2	(65-71)
<input type="text"/>	<input type="text"/>	19 <input type="text"/> <input type="text"/>	YES . . . . 1 NO . . . . 2	YES . . . . 1 NO . . . . 2 DK . . . . 8	YES . . . . 1 NO . . . . 2	(72-78)

F26. Have you ever had night sweats not due to illness? YES ..... 1  
NO ..... 2 (79)

F27. Have you ever had hot flashes? YES ..... 1  
NO ..... 2 (80)

NO SWEATS AND NO FLASHES,  
SKIP TO QUESTION F30.

F28. At what age did you start to have either hot flashes or night sweats?       (81-82)  
AGE  
DK=98

F29. Have you had either hot flashes or night sweats in the last 3 months? YES ..... 1  
NO ..... 2 (83)

F30. How many living children older than you were there in your family when you were growing up?       (84-85)  
# CHILDREN

INCLUDE STEP-CHILDREN, ETC.

NONE=00  
DK=98

F31. What is the highest grade in school or level in college that your mother completed? GRADES 1-11 ..... 01  
HIGH SCHOOL GRADUATE ..... 02  
VOCATIONAL/TRADE SCHOOL ..... 03 (86-87)  
SOME COLLEGE OR  
TWO-YEAR COLLEGE GRADUATE ..... 04  
COMPLETED COLLEGE ..... 05  
SOME GRADUATE WORK ..... 06  
MASTER'S DEGREE ..... 07  
DOCTORAL, LAW DEGREE ..... 08  
REFUSED ..... 97  
DON'T KNOW ..... 98

F32. What is the highest grade in school or level in college that your father completed? GRADES 1-11 ..... 01  
HIGH SCHOOL GRADUATE ..... 02  
VOCATIONAL/TRADE SCHOOL ..... 03 (88-89)  
SOME COLLEGE OR  
TWO-YEAR COLLEGE GRADUATE ..... 04  
COMPLETED COLLEGE ..... 05  
SOME GRADUATE WORK ..... 06  
MASTER'S DEGREE ..... 07  
DOCTORAL, LAW DEGREE ..... 08  
REFUSED ..... 97  
DON'T KNOW ..... 98



F33. What is the highest grade in school or level in college that you completed?

GRADES 1-11	01	
HIGH SCHOOL GRADUATE	02	
VOCATIONAL OR TRADE SCHOOL	03	(90-91)
SOME COLLEGE, OR		
TWO-YEAR COLLEGE GRADUATE	04	
COMPLETED COLLEGE	05	
SOME GRADUATE WORK	06	
MASTER'S DEGREE	07	
DOCTORAL, LAW DEGREE	08	
REFUSED	97	
DON'T KNOW	98	

F34. Which of the following best describes your current total family income, before taxes: less than 15 thousand per year, between 15 and 30 thousand, between 30 and 45 thousand, or over 45 thousand?

<\$15,000 PER YEAR	1	
\$15,000 - \$29,999	2	
\$30,000 - \$44,999	3	(92)
\$45,000 OR OVER	4	
REFUSED	7	
DK	8	

F35. Before we leave the questionnaire, do you have any comments or suggestions?

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We appreciate your help with this interview. That's all the questions I have. You will be included in the mailing of study results when they become available. Thank you very much.

TIME INTERVIEW ENDED \_\_\_\_\_ AM  
PM